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ABSTRACT

The third-person perception hypothesis posits that people believe others are more influenced by media messages than they are. The existing literature consistently documents that individuals make self versus other distinctions when assessing media effects, but not how such distinctions are made. The current study sought to document the self/other distinction in third-person perception and to assess differences in how minority K-12 youth separate their own personal risk from that of others. The procedures of the study covered education-related areas such as academic achievement and content-specific knowledge. Findings of a survey of 180 urban minority youth confirm the presence of third-person perception and significant self/other distinctions in media effects. A clear split between cognitive and social predictors emerged when assessing differences in self/other distinctions. Participants relied on cognitive factors when assessing their own risk, while relying more heavily on self-esteem when assessing the relative risk of others. Liking and trust of the media were the only shared correlates of self/other distinctions in third-person perception. (Contains 30 references and 2 tables of data.) (Author/RS)

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Not Like Me: How Minority Youth Distance Themselves From Risk

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Not Like Me: How Minority Youth Distance Themselves From Risk

Abstract

The third-person perception hypothesis posits that people believe others are more influenced by media messages than they are. The existing literature consistently documents that individuals make self vs. other distinctions when assessing media effects, but not how such distinctions are made. The current study sought to document the self/other distinction in third-person perception and to assess differences in how minority youth separate their own personal risk from that of others. Findings of a survey of 180 urban minority youth confirm the presence of third-person perception and significant self/other distinctions in media effects. A clear split between cognitive and social predictors emerged when assessing differences in self/other distinctions. Participants relied on cognitive factors when assessing their own risk, while relying more heavily on self-esteem when assessing the relative risk of others. Liking and trust of the media was the only shared correlate of self/other distinctions in third-person perception.

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Not Like Me: How Minority Youth Distance Themselves From Risk

The third-person perception hypothesis posits that people believe others are more influenced by media messages than they are (Davison, 1983). Individuals believe that most media messages have the greatest effect - not on "me" (the first person) or "you," (the second person), but on "them" (the third persons) (Perloff, 1993). In contrast, pro-social messages (such as safer-sex health campaigns) frequently elicit a first-person perception, with individuals believing they are more likely to be influenced by others (Atwood, 1994; Duck & Mullin, 1995; Innes & Zeitz, 1988). Regardless of the type of message, the existing literature indicates that individuals make self vs. other distinctions when assessing media effects. While it is known that positive (pro-social) messages reverse the direction of the effect, it is not known how such distinctions are made. What mechanisms are in place that encourage people to differentiate between themselves and others when assessing the effects of media messages?

Of the underlying mechanisms suggested in third-person perception research, the best documented and most promising is psychological distance (Duck & Mullin, 1995; Duck, Terry, & Hogg, 1995; Gibbon & Durkin, 1995; Gunther, 1991; Hoorens & Ruiter, 1996). Psychological distance refers to the way in which individuals target "peers" when asked to make comparative risk judgments. Perloff (1993) describes psychological distance as a complex variable including perceived similarity, familiarity, and identification. Perloff also contends that psychological distance may be conceptualized in two different ways:

> According to one view, social distance falls along a continuum going from 'just like me' to 'not at all like me'. The category at one extreme includes the respondent, whereas the category at the other extreme would not. A

> second view is that social distance reflects the heterogeneity and size of the audience or group in question. According to this view, social distance is represented by a continuum that goes from 'my closest group or community' to 'my largest group or community' (p. 176).

Perloff (1993) states that most third-person perception studies conceptualize psychological distance in the second way, and asserts that the concept is more complex than researchers assume. Another common term for this phenomenon is "downward comparison" (Wills, 1981). Wills (1981) explains that "persons experiencing negative affect can enhance their subjective well-being through comparison with a less fortunate other" (p. 245).

Operationally, psychological distance takes the form of differentiations made regarding the perception of the "other." As psychological distance increases ("my best friend," "students in this class," "average Americans," etc.), the amount of perceptual bias also increases. Such findings are satisfying in that they explain the self/other distinction implicit in third-person perception hypothesis. However, psychological distance alone fails to reveal how self/other distinctions are made. Are individuals overestimating the media's influence on others or underestimating influence on themselves? What do people draw on when making such estimations?

Minority youth are considered especially at-risk for HIV-infection (CDC, 1999) and are frequently the target of safer sex messages (including those used for this study); thus, minority youth are an appropriate sample for this investigation.

While minority youth have elevated risk status and are frequently targeted with educational/media campaigns, they have been all but ignored in the third-person perception literature in favor of Euro-American, adult, and/or college student samples. In

one of the few published studies using African-American teens, Chapin (2000) concluded that third-person perceptions were culturally specific, largely dependent on message context and individual cultural values. Understanding how minority youth make self vs. other distinctions is a vital first step in preparing culturally relevant campaigns for public health issues.

Purposes of the Study

This study serves dual purposes: (a) documentation of psychological distance in first-person perception and (b) assessing differences in how minority youth make self/other distinctions implicit in first-person perception instruments designed to measure psychological distance.

To this end, a number of other variables that have been previously linked to perceptual bias must also be considered. Each is predicted to contribute uniquely to differences in the self/other distinctions typical of third-person perception measures.

Self-Esteem.

Self-esteem may be defined as a relatively stable set of self-attitudes reflecting description and self-evaluation of an individual's behavior and attributes (Piers, 1996).

Numerous third-person perception researchers have suggested that self-esteem may be an underlying mechanism (Duck et al., 1995; Gunther & Mundy, 1994; Hoorens & Ruiter, 1996; Perloff, 1989); however, these studies failed to measure self-esteem. Such studies also neglected to consider the degree to which self-esteem differs in formation of self/other distinctions.

Optimistic Bias

Objective and subjective risk are quite different. Weinstein (1989, 1987, 1983, 1982, 1980) shows that individuals make comparative risk assessments in an egocentric manner, paying little attention to the risk status of others when asked to determine their own relative risk. Weinstein originally labeled this phenomenon "optimistic bias." In lay terms, individuals believe they are less vulnerable to risks than others.

Gunther and Mundy (1994) argue that optimistic bias causes third-person perception, and that self-esteem is the basis of the bias:

> When a person considers the likely effects of mass media content on self and others, at least two means of reinforcing self-esteem are available. One is to think of one's self as more resistant to persuasion and, therefore, smarter than others. The other is to see one's self as less susceptible to negative outcomes and, therefore, better off than others...the optimistic bias would predict that people think others are more vulnerable to harmful influences of pornography, less resistant to the coercion of product advertisements, more susceptible to false information and its misleading effect on opinion, and less able to see through the misinformation, or disinformation, in biased news. And indeed, such outcomes accurately summarize past research on the third-person effect (p. 60).

Measurement of self-esteem would allow testing the assumptions made by researchers in optimistic bias and third-person perception possible.

Knowledge

Academic achievement.

Third-person perception researchers have not yet predicted differences in bias due to academic achievement specifically. Two studies focused on differences in educational attainment, with the more educated believing others were more influenced by the media than they were (Glynn & Ostman, 1988; Willnat, 1996).

Content-specific knowledge.

While few third-person perception studies focus on academic achievement, many predicted increases in perceived influences on self vs. others by content-specific knowledge. Individuals who perceived themselves as "experts," or those having advanced knowledge, consistently demonstrated a greater third-person perception than their less knowledgeable peers (Guthrie, 1995; Lasorsa, 1989). In at least one case, actually having knowledge of a topic also increased the third-person perception (Price & Tewksbury, 1996); however, the mere perception of expert status was enough to produce the third-person perception (Guthrie, 1995).

Media Variables

Numerous third-person perception studies have focused on media variables such as persuasive content (Gibbon & Durkin, 1995), positive vs. negative content (Gunther & Mundy, 1994; Hoorens & Ruiter, 1996), personalization of messages (Batista, 1996), and production quality (Duck et al., 1995). Other media variables, in contrast, are less frequently considered. One of the first studies to include media use and attitudes toward the media as predictors of third-person perception was published recently (Price, Huang, & Tewksbury, 1997). The study focused on attitude towards news coverage, finding that media orientation (defined as general beliefs about news), media schemas and media use modestly predicted the magnitude of the third-person perception.

Hypotheses

Hypothesis 1: Individuals believe they are more likely to be influenced than others by televised pro-social messages (first-person perception).

Hypothesis 2: Self/Other distinctions made by individuals (psychological distance) will differ in their associations with age, self-esteem, optimistic bias, knowledge variables, and media variables.

Hypothesis 2 is exploratory, in that previous studies suggest differences should emerge, but not what these differences should be.

Methods

The students who participated in this study attended public school in urban New Jersey. The city's health statistics are among the worst in the state, with one of the highest rates for communicable diseases, including sexually transmitted diseases.

Three programs that service "at-risk" elementary, middle and high-school students were selected as the study site. Due to differences in program sizes the sample over-represents middle school students (grades 6-8). Most students were enrolled in the middle-school program (63%), fewer in the high-school program (20%), and the fewest in the elementary-school program (17%). 180 students were enrolled during the study period. Parents of 98% of the enrolled students consented for their child(ren)'s participation in the study. Of the students with parental consent, a total of 171 students (95%) ranging in age from 8 to 17 (M = 12.1, SD = 1.9) agreed to participate in the study. The sample was 53% female and 94% African-American.

Survey data were collected from the students during normal program meeting times with a counselor available (although no students used her services). Results from existing Piers-Harris self-concept scales were also accessed with permission of parents and students.

Minority youth are considered especially at-risk for HIV-infection (CDC, 1999) and are frequently the target of safer sex messages (including those used for this study); thus, minority youth are an appropriate sample for this investigation. Despite the elevated risk status of minority youth, the existing literature has neglected them in favor of Euro-American, adult, and/or college student samples (Chapin, 2000).

Procedures

First-Person Perception

Various procedures for measuring third-person (and first-person) perception appear throughout the literature. The measure in this study was adapted from Duck and Mullin (1995). Study participants were exposed to two 30 second health-related televised messages described below:

> Message 1: (Confide advertisement). A young Latin woman is shown shopping with a friend, and later calling Confide for her HIV test results. The slogan (and focus) of the message is "it's time to know."
>
> Message 2: (New Jersey Network PSA). A young Latin woman appears in the waiting room of a clinic awaiting her HIV test. She's not sure of her partner and fears she may have been infected. The slogan (and focus) of the message is "it's better to know than to be left in the dark."

Message 1 was being broadcast on commercial television during the study period. Message 2 had been broadcast on the New Jersey Network over the past three years. The messages featured young female minority spokespersons, which likely increased the relevance to the study sample.

After viewing each message, participants answered two items: "How much do you think (a) you, (b) your best friend would be influenced by messages like this?" Responses were in the form of Likert-type scales (1 = "not at all," 7 = "extremely influenced"). Because each student answered two items following both messages, there were four responses per student.

The first-person perception measures for both messages were highly correlated, $r = .50$, $p < .001$. The measures were then summed to create a composite first-person perception measure. The new variable ranged from 1 to 12.

Psychological Distance

Psychological distance was manipulated by presenting two targets for comparison (self/other). These targets were presumed to increase psychological distance for each comparison. A similar technique has been used in previous first-person perception studies (e.g. Duck et al., 1995).

Self-Esteem

Students' responses to Piers-Harris Self-Concept Inventories administered by the school programs were used to measure self-esteem. The Piers-Harris Children's Self-Concept Scale provides a total score and six subscale scores. The most reliable measure, and the one used for analysis here, was the total score ($\alpha = .90$). The total score has a possible range of 0 to 80, with higher numbers indicating more favorable self-concept. For consistency across subsections, percentile scores will be used for analysis. Percentile scores were used because they are based on national norms. The present norms are based on 1,183 public school children in grades 4 through 12 (Piers, 1996).

Optimistic Bias

Optimistic bias was measured with a standard instrument designed by Weinstein (1987). The procedure asked students to compare their relative risk of ___ (multiple targets) relative to other students in the USA. Following Weinstein's (1987) method, comparative risk assessment was measured on a 7-point scale (-3 = "much less" than other students in the USA, +3 = "much greater" than other students in the USA). All students were asked to complete a comparative risk assessment for each of the following six hazards: doing stunts (being hurt on a bike, skateboard, or rollerblades), getting cancer later in life, becoming addicted to alcohol later in life, being the victim of a violent crime,

getting (or getting a girl) pregnant before finishing high school, becoming HIV infected later in life, and dropping out of school.

Academic Achievement

Three items asked students to report letter grades on their last report cards (end of the year) for three subjects: mathematics, English, and science. These three subjects were selected because they reflect the focus of the programs. The scores for the three subjects were averaged together to create an overall score for academic achievement, subsequently referred to as GPA (grade point average) (0 = "F," 4 = "A"). Consent was granted by parents and students to access report cards on file with the programs. Less than 50% of the students had report cards on file, so actual grades were not used; however, no significant difference between actual grades and self-reported grades was found.

Content-Specific Knowledge

Because first-person perception was primarily measured within the context of HIV/AIDS messages, "content specific knowledge" refers to HIV/AIDS knowledge for this study. A subset of items from the American Red Cross' "Act Smart" program, designed for middle-school and high-school students was used to measure HIV/AIDS knowledge. Students identified 18 statements about the nature of HIV transmission and prevention as being true or false. Example items included, "HIV is the virus that causes AIDS," "People can get AIDS by being coughed on," and "Using a condom during sex can help prevent AIDS." The proportion of correct responses (range 0-100) measures HIV/AIDS knowledge for each student. The combined scale is moderately reliable (α = .59).

Media Use

Media use was measured by asking students to indicate how many hours in a typical school day they spent watching TV, listening to music, reading for fun, and playing video or computer games. The four items were taken from Greenberg, Tokinoya, Ku, and Li's (1989) international study of adolescents' uses of the mass media. Students used a 5-point scale to report the number of hours they were engaged in media activities on a typical school day (0 = none, 5 = 5 or more). Summing the amount of time students reported using the media created a composite measure.

Attitude Toward The Media)

Following exposure to the two safer-sex messages, attitude towards the media was measured by asking students how much they liked and how much they trusted "messages like this." Consistent with Greenberg and associates (1989), the four items (two for each message) were measured on a 4-point scale (0 = "very little," 3 = "very much").

Responses to the items were summed to create a composite measure of attitudes toward safer-sex messages (the media). The resulting measure ranges from zero to 12, with a higher number indicating a more favorable attitude toward safer-sex messages. The resulting scale demonstrated strong internal consistency ($\alpha = .80$).

Findings

First-Person Perception

Hypothesis 1 predicted evidence of psychological distance within the first-person perception measure. A paired t-test was used to test the prediction that individuals believe they ($M = 8.47$, $SD = 3.73$) were more likely to be influenced than others ($M = 7.98$, $SD = 3.75$) by televised pro-social messages, $t\ (169) = -2.22$, $p < .05$.

Specifically, 50% of the students exhibited first-person perception, believing they were more influenced than others by the messages. Fewer (40%) believed there was no difference between themselves and others in terms of perceived message influence. Fewer still (10%) exhibited third-person perception. Consistent with previous studies using pro-social messages, 52% believed they were greatly influenced by the messages (45% also believed others were greatly influenced).

H1 was supported. Students believed they were more influenced by the messages, with a significant difference in perceived influence of self vs. others.

Influences in Self vs. Other Assessments

Hypothesis 2 predicted that self vs. other assessments would differ in their associations with age, self-esteem, optimistic bias, knowledge variables, and media variables.

"Self" assessments.

Table 1 shows three variables significantly related to "self" assessments in the first-person perception measure: attitudes toward the media, optimistic bias, and content-specific (HIV/AIDS) knowledge.

Attitudes toward the media emerged as the strongest correlate. Consistent with existing research (Price, Huang, & Tewksbury, 1997), individuals who expressed liking and trust of safer-sex messages believed they were more influenced by them than were peers. The mean of 7.8 (SD = 2.9) on the attitude toward safer-sex messages measure indicates that students liked and trusted such messages. Specifically, 96% exhibited favorable attitudes toward safer-sex messages. This finding contradicts previous studies in which adolescents exhibited a negative attitude toward pro-social messages, saying things

like "they're nerdy" (Duck & Mullin, 1995). Only 4% expressed even mild dislike or distrust for the messages.

Similarly, individuals believing they were less likely to experience negative health outcomes from their behaviors also exhibited higher degrees of first-person perception. The negative mean ($\underline{M}$ = -10.4, $\underline{SD}$ = 8.4) for optimistic bias indicates that students exhibited the tendency to believe they were less likely than others to experience negative health outcomes from behaviors, including risky sexual activity. Specifically, 88% of the students exhibited optimistic bias. Around 2% of the students exhibited no bias, and the remaining 10% believed they were more likely than others to experience negative outcomes. Numerous studies have suggested such a link between third-person perception and optimistic bias (Hoorens & Ruiter, 1996; Gunther & Mundy, 1994), but this study is the first to empirically test it. The results confirm a relationship between first-person perception and optimistic bias, but the total variance accounted for is only 3.24%. Additional research is needed to better document and understand this relationship.

The relationship between content-specific knowledge and third-person perception is a staple of the literature (Guthrie, 1995, Lasorsa, 1989; Price & Tewksbury, 1996). However, the current inverse finding is inconsistent with previous studies. One possible explanation for the inconsistent finding is the use here of adolescent subjects with some knowledge of HIV/AIDS, compared to adult samples with "expert" knowledge used in the earlier studies. Students' averaged a 78% on the HIV/AIDS knowledge test ($\underline{SD}$ = 12.3). Most of the students (80% or more) knew the following statements were true: (a) people can get AIDS by having sex, (b) People can't get AIDS by hugging (item wording reversed), (c) People can get AIDS by sharing needles, (d) AIDS is not a disease that

affects gay men only (item wording reversed), (e) People can't get AIDS by being coughed on (wording reversed), and (f) HIV is the virus that causes AIDS. Items like these included information commonly contained in media and/or educational campaigns. In contrast, less than 50% of the students knew that: (a) AIDS and HIV are not the same thing (wording reversed), (b) Not using drugs and alcohol can help prevent AIDS, and (c) Mothers can spread HIV by breast feeding their babies. Being knowledgeable about modes of HIV transmission but not about related information is consistent with previous studies (e.g., Roscoe & Kruger, 1990).

Another possible explanation for the inconsistent findings is the choice of measures. Each study used different measures of knowledge specific to the context area of the study. This is the only study of first-person perception of adolescents and HIV-AIDS messages; thus the only to use the Red Cross Act Smart items to assess content-specific knowledge. Comparison of findings in this area to previous studies should be interpreted with caution.

"Other" assessments.

Table 2 shows only two variables, attitude toward safer sex messages and self-esteem, related to assessment of influence on "others" in the third-person perception measure. As Gunther and Mundy (1994) suggested, individuals with higher self esteem were more likely than those with lower self-esteem to perceive message influences on "others," but not on themselves. The effect size reported here is small, but all of the students tested in the "normal" range of the scale (M = 59.8, SD = 8.6), limiting the possible range.

Intercorrelations

Tables 1 and 2 also indicate correlations among other variables. Relationships between age and HIV-AIDS knowledge and optimistic bias and self-esteem are consistent with previous findings. The inverse relationship between GPA and age is consistent with the school district and urban schools in general, but should be of particular concern to the study programs given their purpose.

Discussion

The existing third-person perception literature indicates that individuals make self vs. other distinctions when assessing media effects, but not how such distinctions are made. Although educational/media campaigns are frequently targeted to minority youth, the third-person perception literature has virtually ignored non-white youth samples. This study further documented psychological distance in first-person perception and assessed differences in how minority youth make self/other distinctions implicit in first/third-person perception instruments designed to measure psychological distance.

Findings indicate that self/other distinctions emerged because the adolescents used different strategies to assess the relative influence of safer sex messages. An interesting split between cognitive and social variables emerged. Students' "self" assessments were most influenced by knowledge levels and a cognitive processing error (optimistic bias). If knowledgeable about HIV/AIDS and realistic about one's personal risk of infection (as compared to peers), students were likely to believe that the pro-social messages influenced them more than others. Chapin (1999) argued that adolescents who exhibit first-person perceptions pay more attention to public service messages thereby receiving greater potential benefit than adolescents exhibiting third-person perceptions. By extension, the

current findings also suggest that third-person perceptions regarding safer sex health campaigns could be reduced (and first-person perceptions increased) by increased HIV/AIDS education that emphasizes both knowledge and individual risk. In contrast, students' "others" assessments had less to do with knowledge and cognitive processing, and more to do with self-esteem. As others have suggested previously, a student confronted with a safer sex message may reinforce his or her own self-esteem by attributing greater risk to others they perceive as deriving less benefit from "trustworthy" and "positive" messages.

As the only shared variable, the strong relationship between attitudes toward media messages and first-person perception warrants further investigation. Only one other study has documented a similar link. Clearly, the study participants considered "trustworthy" and "likable" messages pro-social. Neglect of the role of attitudes toward the media in first/third-person perception research provides a fruitful and important area to be further explored. Further implications to message design are also evident.

The primary purpose of this study was to explore differences in self vs. other distinctions in the first-person perception measure. While the existence of such differences is evident, the current study did not seek to predict the nature and extent of the differences. The cognitive/social split provides fertile ground for future research. Replication of the current study with a more diverse sample would facilitate better understanding of the phenomenon and be an important first-step in culturally appropriate message design.

Limitations

The results of this study are based on a convenience sample of minority students enrolled in programs for "at-risk" youth in urban New Jersey. The selection of the sample is consistent with the types of messages of interest to the study and contributes to the existing literature by addressing the neglect of minority youth in previous studies. Despite these advantages, results from the current study lack generalizability to broader populations with different cultural backgrounds. The students in the study programs also differ from the rest of the population they are drawn from in that 80% of the program students typically graduate from high school, compared to the 25% graduation rate of the school system they are drawn from. It is possible that another sample drawn from the larger school system would differ significantly from program students. Findings of the current study provide insights into the perceptions about media effects of minority "at-risk" youth, but should be interpreted with caution to other groups. Findings from the current study that are consistent with previous studies contribute greatly to the understanding of first-person perception across a variety of populations. Findings that differ indicate directions for further research with other samples.

Conducting survey research with children presents a unique set of problems in data collection. Inconsistencies among responses were discovered, especially in relation to self-reports of risk behaviors. Where inconsistencies emerged, it is not clear whether they were the result of fabrication, lack of concentration, or lack of comprehension.

It has been argued that third/first-person perception is an artifact of question order, because participants in early studies were asked to assess message effects on others before indicating effects on themselves (Lasorsa, 1992; Tiedge, Silverblatt, Havice, & Rosenfeld,

1991). Like others, the present study addressed this critique by reversing question order. However, it could still be argued that the fixed question order for both messages may have encouraged a response set. The same limitation also applies to the fixed question order in the optimistic bias scale. It was important not to alter existing measures, despite their limitations, in order to facilitate comparison of findings from the current study to previous research.

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Table 1

Zero-Order Correlations Among "Self" Assessments and Study Variables

	2	3	4	5	6	7	8
1. TPE self	.56***	.20**	-.18**	.14	.11	.07	.05
2. Media attitude	---	-.14	-.09	-.03	.07	.05	.07
3. Optimistic bias		---	.12	.25**	-.06	.04	.11
4. Content-knowledge			---	.01	.14	-.14	.46***
5. Self-esteem				---	-.11	.15	.10
6. Media use					---	-.03	-.04
7. GPA						---	-.37***
8. Age							---

**p< .01. ***p< .001.

Table 2

Zero-Order Correlations Among "Other" Assessments and Study Variables

	2	3	4	5	6	7	8
1. TPE other	.42***	.18*	.14	.12	.10	.06	.06
2. Media attitude	---	-.03	.09	.14	.05	.07	.07
3. Self-esteem		---	.01	.25**	.15	-.11	.10
4. Content-knowledge			---	.12	-.14	-.06	.46***
5. Optimistic bias				---	.04	-.06	.11
6. GPA					---	-.03	-.37***
7. Media use						---	-.04
8. Age							---

*p< .05. **p< .01. ***p< .001.